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TWO TYPHOID OUTBREAKS TRACEABLE TO SAME CARRIER.

According to information furnished to the Public Health Service by an officer of the New Jersey State Department of Health, it is believed that within the past year a single typhoid bacillus carrier has been responsible for two outbreaks of typhoid fever in the State of New Jersey.

In the fall of 1921 an outbreak of 72 cases of typhoid occurred at St. Josephs Villa, an institution in Washington Township, Morris County, N. J. Investigation of this epidemic showed that one of the dairy workers was a typhoid carrier, and, in view of the failure to find any other probable source, he was believed to be responsible for the epidemic. Typhoid bacilli were isolated from two stool specimens from this carrier at the time of the investigation.

In September and October, 1922, an outbreak of typhoid fever occurred in the city of Newark, N. J., 30 cases being reported between September 9 and October 23. The city health officer of Newark states that 24 of the cases occurred in families supplied with raw milk from dairy X, and that investigation of these cases failed to reveal any other probable source of infection.

In an investigation conducted by the bureau of local administration of the State department of health, the epidemiologist recognized among the dairy workers at this dairy the man whom he had identified as a carrier at St. Josephs Villa the previous fall. Under an assumed name this man had been employed by the X dairy as a farm hand on April 18, 1922. About September 10 he was assigned to the dairy as a milker. The onset of the cases in the families in Newark supplied with milk from this dairy is given as follows:

Date of onset:	Number of cases.	Date of onset:	Number of cases.
Sept. 9, 1922.....	1	Oct. 6, 1922.....	2
Sept. 14, 1922.....	2	Oct. 9, 1922.....	2
Sept. 19, 1922.....	2	Oct. 10, 1922.....	2
Sept. 26, 1922.....	1	Oct. 12, 1922.....	1
Sept. 29, 1922.....	1	Oct. 17, 1922.....	1
Oct. 1, 1922.....	1	Oct. 23, 1922.....	3
Oct. 2, 1922.....	2		
Oct. 3, 1922.....	2	Total.....	24
Oct. 5, 1922.....	1		

Suspecting that the sudden increase in the incidence of typhoid fever in Newark was due to milk, the city health officer on October 6 ordered all milk pasteurized. The date of onset of the last case is given as October 23.

B. typhosus was isolated from stool specimens of the carrier on six different dates as follows: September 14 and 28, 1921, and October 17, 20, 21, and 23, 1922.

Typhoid bacillus carriers obviously have a greater opportunity for spreading the infection than bedridden and confined patients, and

they are especially a grave menace when employed in the preparation and handling of food. Some outbreaks have been reported, however, in which the disease was transmitted by a carrier engaged in occupations other than those connected with food handling and dairy work. Such an outbreak of exceedingly high incidence was reported last year on board ship.¹ Ten cases developed in a crew of 32, 8 of the cases occurring in the quarters of the vessel occupied by the carrier (renal) and 15 other members of the crew. The spread of the disease was believed to have resulted from the common use of wash pails and towels, and to the fact that the carrier handled the food containers after they had been brought to the table. Under such conditions a renal carrier could easily disseminate the infection. The carrier had signed on the vessel one day after having been discharged from the hospital.

Owing to the intermittent character of the carrying state, and to the fact that most cases resist all attempts to relieve the condition, the problem of preventing the spread of typhoid fever by means of typhoid bacillus carriers remains a difficult one.

DEATH RATES, 1921.

DEATH RATES FOR REGISTRATION STATES AND FOR REGISTRATION CITIES OF 100,000 POPULATION OR MORE IN 1920.

Compilations made by the Bureau of the Census, Department of Commerce, indicate that 1921 was a remarkably healthful year. Record low death rates are shown for nearly all areas. The lowest rate for States (8.2) is given for Montana, and the highest (14.2) for Vermont. For cities which had a population of 100,000 or more at the last census, the lowest rate (7.5) is shown for Akron, and the highest (17.4) for Memphis.

Crude death rates do not tell the final story regarding the healthfulness of different localities. Race stock, occupations of the inhabitants, the sex and age distribution of the population, and the number of deaths of nonresidents are factors that must be considered before comparisons can be made between one State or city and another. For example, adjustments solely for differences in the sex and age distribution of the population give Montana the lowest adjusted rate (8.8) and Maryland the highest (13.4) among the States, and Akron the lowest (9.2) and Memphis the highest (19) among the cities.

¹ Public Health Reports, vol. 36, No. 37, Sept. 16, 1921, pp. 2255-2257.